

8th

GAYLORD MIDDLE SCHOOL

NEW STUDENT ORIENTATION

August 27, 2009

9:00~10:15 AM

Students will be given a math placement test &
A building tour will be given during the orientation.

If you have any questions, please call (989)731-0848.

Gaylord Middle School

8th Grade Registration 2009-2010

Required Academics:

Language Arts
Mathematics
Science
Social Studies

Student Name (print) _____

Parent Signature _____

Number your choices 1-6, with 1 being your first choice

Electives (Year Long)

- _____ **Band** - This symphony band exists for students who are strong in the basic fundamentals of technique, rhythm, tone and musicianship, and indicate a strong interest in music. This band progresses from intermediate to advanced intermediate in music knowledge and performance skills. The symphony band performs two parades, three concerts and a rated festival, plus other performances requested of the band.
- _____ **Spanish** - This year long class is equivalent to Gaylord High School's Spanish I class. Students successfully completing the class will have the opportunity to take Spanish II when entering GHS as well as earn high school credit. This class is for students who have not taken the 7th grade Spanish class.

Electives (Semester Long)

- _____ **Spanish** - This class is only for students who took the semester long Spanish class in 7th grade. Students must take both semesters in order to earn high school credit.
- _____ **Mixed Chorus** - This semester long class is open to boys and girls who would like to sing in group and perform in concerts during the semester. It will include extra help for boys whose voices are changing.
- _____ **Bach to the Future** - This class will be an overview of the History of Music, beginning with medieval music and extending to contemporary Jazz, Country, and Rock, and how these types of music fit into history. Students will be listening to musical examples of all periods of music, learning about different composers, and will be using the computer lab for research and writing assignments.
- _____ **Physical Education** - Students will be involved in individual and group activities, indoor and outdoor, depending on the season. They will be introduced to lifelong activities.
- _____ **Home Ec/It's All About Me** - This class teaches how to take care of number one... You! This class will introduce students to basic skills needed in the areas of: nutrition, food preparation, personal care, child care/first aid, employability skills, household management, sewing, and volunteerism. Students will need to purchase a craft kit for the sewing unit.
- _____ **Outdoor Education** - In this class, students will gain an appreciation and awareness of the natural world and learn new ways to have fun outdoors. The Otsego Environmental Learning Site located behind GMS will provide the outdoor experience to add to the indoor activities. Subjects covered will include fly tying and fly fishing, trees and forestry, orienteering, outdoor survival, snowshoeing, mammals and tracks, maple syrup and candy making, camping and backpacking, fish and fishing. Students of all experience levels will find this class a great learning opportunity and will gain knowledge that can lead to lifelong hobbies.
- _____ **Art** - This art course will allow students to find a break from their academic classes. Through the use of various materials, the students will be challenged to be inventive and creative. Conversations about art processes and artists will allow all participants to realize that their original ideas have value. They will also learn that there are many ways to be artists besides drawing.
- _____ **Computers** - Students taking this class will be focus on computer multimedia. They will use various software programs to: Create their own movies, create their own music, create their own graphics (pictures) and create their own website and web pages. This class will prove to be extremely fun and educationally beneficial.
- _____ **Wars** - In this fun paced interactive class, students will be able to answer questions like: What was the war to end all wars? Who is the Greatest Generation? Why did that sailor kiss that nurse in the middle of a huge parade? How do so many advances in medicine and technology come from wars? Where was the Cold War that lasted over 45 years? Did everyone freeze? Students will learn all this and much more.
- _____ **Economics** - Do you want to learn the real value of money, how, and why, we spend and save, and what can make a "regular Joe" a millionaire? If so, this class is for you. Students will be randomly assigned jobs and incomes and will be expected to pay bills and deal with chance financial problems that occur in life. Students will learn about budgeting, saving for the future, bill paying, the stock market and taxes.

Gaylord Middle School

600 East Fifth Street
Gaylord, Michigan 49735
Phone: 731-0848
Fax: 732-2632

MR. JERRY BELANGER
Principal

MR. JOE SOMERVILLE
Assistant Principal



Date _____

RECORDS REQUEST FOR: _____

GRADE _____ BIRTH DATE _____

FORMER SCHOOL:

Name _____

Address _____

City _____ State _____ Zip _____

I hereby authorize the above named school to release any and all of the above student's records (INCLUDING CONFIDENTIAL) files to the following school:

RECORDS
Gaylord Middle School
600 E. Fifth Street
Gaylord, MI 49735

SIGNATURE OF PARENT OR GUARDIAN

Gaylord Middle School

600 East Fifth Street
Gaylord, Michigan 49735
Phone: 731-0848
Fax: 732-2632

MR. JERRY BELANGER
Principal

MR. JOE SOMERVILLE
Assistant Principal



ENTRANCE PROCEDURE GAYLORD MIDDLE SCHOOL

Parents fill out all appropriate forms
Birth Certificate
Updated shot record
Gaylord Middle School Registration Form
Emergency form Card
Student Discipline Form

Parent and student must schedule a meeting with building administrator before starting classes. That meeting should take place 48 hours after the forms have been completed and turned in.

During the 48 hours period the school counselor will make contact with the sending school to find the students school history.

The counselor will then meet with the team the student assigned.

The enrollment interview will then take place with the parents, counselor, and building administrators.

The student will then start class the following day when all criteria are met.

Gaylord Community Schools

Residency Verification

Proof of Residency Shown:

- Drivers License
- Rent Receipt
- Utility Bill
- Property Tax Bill
- Other _____

I declare that I physically reside at: _____

In order to affirm my residency in the Gaylord Community School District I have presented certain documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I further understand that if statements made on this verification form change, I must immediately notify the appropriate Gaylord Community School District official.

I verify that all statements made and documents furnished regarding the residence of my student are true and accurate. I agree to accept responsibility for payment of tuition in the event that it is found that I have established residency by using false or inaccurate information.

Student Name	Grade	School

Printed Name

Signature

Date

**STUDENT DISCIPLINE FORM
GAYLORD MIDDLE SCHOOL**

Student Name: _____ **Date:** _____

Grade: _____ **Birth Date:** _____

Has this child been long term suspended from a school? Yes or No

If yes, explain _____

Name of that school: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____

Has this child ever been expelled from school? Yes or No

If yes, explain _____

Name of that school: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____

I VERIFY THAT ALL STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND ACCURATE.

Date _____

Parent/Guardian Signature

GAYLORD MIDDLE SCHOOL REGISTRATION FORM

LAST NAME _____ DATE _____

FIRST _____ GRADE LEVEL _____

MIDDLE _____ PHONE NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

MAILING ADDRESS _____

STREET ADDRESS (*Required for Transportation*) _____

PERSON WITH WHOM LIVING WITH _____

FATHER (STEP) _____ EMPLOYED BY _____ WORK PH _____

MOTHER (STEP) _____ EMPLOYED BY _____ WORK PH _____

FAMILY DOCTOR _____ ADDRESS _____ PHONE _____

ARE THERE ANY PHYSICAL PROBLEMS WHICH WOULD PREVENT THIS CHILD FROM TAKING PART IN THE NORMAL SCHOOL PROGRAM? YES ___ NO ___. IF YES, PLEASE EXPLAIN: _____

DOES THIS CHILD REQUIRE SPECIAL SEAT PLACEMENT IN THE CLASSROOM? YES OR NO IF YES, PLEASE EXPLAIN _____

IS THIS CHILD PRESENTLY ENROLLED IN SPECIAL EDUCATION? YES ___ or NO ___

HAS THIS CHILD EVER BEEN ENROLLED IN SPECIAL EDUCATION? YES ___ or NO ___

IF YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE EXPLAIN _____

IS THIS CHILD ADOPTED? YES ___ NO ___ DOES HE /SHE KNOW? YES ___ NO ___

HAS THIS STUDENT REPEATED A GRADE? YES ___ NO ___ IF YES, WHICH GRADE AND WHY? _____

DOES THIS CHILD READ WELL? YES ___ NO ___

PLEASE LIST ANY INFORMATION YOU FEEL WOULD HELP US BETTER UNDERSTAND YOUR CHILD _____

SIGNATURE OF PARENT OR GUARDIAN _____

Gaylord Community Schools

Enrollment Form

(PLEASE FILL IN COMPLETELY)

If information changes during the school year, call the school ASAP.

Entering Grade _____ Gender M F Today's Date _____

Student's Name _____
Last First Middle Preferred First Name

Birth date ____/____/____ Birthplace _____

Mail to: (Please Circle) Mr./Mrs./Ms. _____

Street Address _____ Mailing Address _____

City _____ Zip Code _____

School District you currently reside in: _____

Home Phone(s):
Name _____ Number (____) _____
(Please Circle) Listed/Unlisted
Name _____ Number (____) _____
(Please Circle) Listed/Unlisted

Cell Phone(s):
Name _____ Number (____) _____
(Please Circle) Listed/Unlisted
Name _____ Number (____) _____
(Please Circle) Listed/Unlisted

Father Work Place _____ Work Phone (____) _____

Mother Work Place _____ Work Phone (____) _____

Names of Adults Residing in the Home: _____

Student Lives With: (Please Check)
 Both natural parents Father only Host family Divorced-joint custody
 Father/Stepmother Mother only Relative Adult student
 Mother/Stepfather Legal guardian Court placed

Student's Residence Is: (Please Check)
 Single Family Dwelling More than 1 family in house/apartment
 Motel/Car/Campsite Shelter
 With friends/family (other than parent/guardian)
 Other _____

Student Ethnic Code: Use 1,2,3 to rank primary and secondary ethnic groups
 American Indian Asian American Black/African-American
 Hawaiian/Pacific Isl. Hispanic/Latino White

Language Spoken at Home: English _____ Other _____

OFFICE USE ONLY

Bus # _____

Teacher _____

Student # _____

Entry Date _____

Gaylord Intermediate School
 Gaylord Middle School
 Gaylord High School
 Gaylord Alternative Program

Birth Certificate: Y or N
Immunization Record: Y or N
Lunch Application: Y or N

Student Records:
Requested _____
Received _____

Special Education _____

Other _____

RESIDENT STATUS
 Resident Student
 Non-public Resident

NON-RESIDENT STATUS:
 Non K-12 District
 School of Choice
 105
 105c
 Out ISD District (195c)
 Non-public

Parent Living Elsewhere:

Name: _____

Address: _____

Phone: (____) _____

If there are adults who are restricted from seeing your child *by order of a court*, please list them here:

(We cannot restrict a parent without proper legal documentation on file at the school.)

Previous School Attended: _____ Former School Phone Number: _____

Address: _____ (____) _____
Street City Zip Code

Has your child ever been expelled from a school district? (A Board of Education took official expulsion action.) Yes _____ No _____

Special services your student received at previous school: (Please check all that apply.)

504 (Section 504) Special Education ("Permission to Place" form needed) Other _____

LAST NAME (Please Print)

FIRST NAME

GRADE

TEACHER

MEDICAL INFORMATION

Allergies: _____ Food – List:

- _____ Animals
- _____ Medications
- _____ Asthma
- _____ Other _____
- _____ Bee Stings

- _____ Diabetes
- _____ Convulsions/seizures
- _____ Please Explain _____
- _____ Other
- _____ Please Explain _____

Medical Authorization and Authorization to Transport in Case of Emergency

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If the physician cannot be reached, the school may make necessary arrangements for the well being of my child.

_____	_____	_____	_____
Doctor's Name	Office Location	Address	Office Phone

Note: Your child will not be released to any unauthorized person unless verified by parent. If your child is hurt on the playground, ill at school, or there may be other reasons we need to call.

List persons authorized to pick up child from school. Anyone on this card will be allowed to pick your child up. Your child should know the person. ID may be requested. **PLEASE LIST THE ORDER IN WHICH YOU WANT CALLS MADE. WE WILL CALL PARENTS ON THE REVERSE SIDE OF CARD FIRST.**

- | | | | |
|-------------------|--------------|---------|------------------|
| 1. | _____ | _____ | _____ |
| Authorized Person | Relationship | Address | Day Phone / cell |
| 2. | _____ | _____ | _____ |
| Authorized Person | Relationship | Address | Day Phone / cell |
| 3. | _____ | _____ | _____ |
| Authorized Person | Relationship | Address | Day Phone / cell |
| 4. | _____ | _____ | _____ |
| Authorized Person | Relationship | Address | Day Phone / cell |

Other children residing in the home:

Name (Last, First)	Birthdate	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ON EARLY DISMISSAL DAYS OR DAYS WHEN SCHOOL IS CLOSED EARLY DUE TO WEATHER OR OTHER UNEXPECTED CIRCUMSTANCES, PLEASE PROVIDE INSTRUCTIONS AS TO WHERE YOUR CHILD IS TO GO.

(Please remember zoning rules are to be followed.)

NO LATCHKEY PROVIDED!

Check **ONE (1)** Choice:

_____ Bus Home as usual _____ Bus to the **Sitter as usual _____ *** Parent will pick up

**** SITTER INFORMATION: Name** _____

Address: _____

Phone: _____ **NO CALLS MADE FOR EARLY DISMISSAL.**

***** THE SCHOOL CANNOT MAKE CALLS TO PARENTS FOR EARLY SCHOOL CLOSURE. PLEASE LISTEN TO THE LOCAL RADIO STATIONS – EAGLE 101.5, 106.7 - OR WATCH TV 9/10 OR TV 7/4.**

I affirm that as the parent/legal guardian, all information provided is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me may subject me to legal penalties for perjury.

Signature of Parent/Guardian

Date

**Gaylord Community Schools
TRANSPORTATION REGISTRATION
Bus Garage - 989-705-3022**

Date _____
School _____

Child's Name _____ Grade _____ Sex _____
Residential Address _____ City _____ Zip _____
Mailing Address _____ City _____ Zip _____
Home Phone _____
First Parent's Name _____ Work Phone _____
Second Parent's Name _____ Work Phone _____
Emergency Contact _____ Emergency Phone _____

Transportation Desired (We can accommodate one Pick Up and one Drop Off location.)

Will your child be riding to/from home? AM _____ PM _____
Will your child be riding to/from a Day Care? AM _____ PM _____

Day Care Information: Name _____
Address _____
Phone _____

Special Needs _____

**If your needs change, please notify both the School and Bus Garage.
It may take up to 3 days to arrange transportation after receiving this card.**